



State of Washington
Department of Revenue
PO Box 47473
Olympia, WA 98504-7473

Posting Period

Office Use Only

CONSUMER USE TAX RETURN

PLEASE NOTE

- If you have a current business registration with the Department of Revenue, report use tax for business-related purchases on the Combined Excise Tax Return for the next reporting period.
- To pay use tax on automobiles, vessels, or airplanes, please contact one of our local field offices or call 1-800-647-7706 for further assistance.
- This form can be completed on your computer with the use of Adobe Acrobat Reader 4.0 (or later) software. Please fill in all applicable lines, print the return, and mail with check or money order to the address below.

STEP 1 - Directions to Determine Location Code and Tax Rate*

The rate of use tax is determined by the location where the item is first used in Washington. Normally this will be the location of your residence. Use the two drop-down boxes below to show the location of first use. The location code and tax rate will automatically fill in. If you have questions about this return or how to determine the location code, please call (800) 647-7706 or click on <http://dor.wa.gov/pub/struc/usetax99.pdf>.

Select county where item is first used. Be sure to press tab or enter after selecting county, in order to bring up the correct list of cities:	Select city where the item is first used. If you do not live within the city limits of a listed city, please select the unincorporated area:
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STEP 2 – General Description of Items Purchased

Click on the first blank line below and type description of the item. Press tab and type in the value. Press tab to complete line 2 or calculate total use tax.

General Description of Items Purchased (optional)	Value of Items
	\$
▶ Make check payable to: Department of Revenue	Total Value
▶ Mail return and check to: Department of Revenue PO Box 47473 Olympia WA 98504-7473	Location Code _____ * Tax Rate X
	Total Use Tax (Total Value x Tax Rate) \$

STEP 3: Consumer Information – Complete all lines

Full Name:

Phone No.:

Mailing Address:

City:

State: **WA**

Zip code:

Signature: _____

Date:

To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 753-3217. Teletype (TTY) users please call (800) 451-7985.